

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 98513 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 8. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Harcher

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 Years, _____ Months, _____ Days,

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Tobaccoist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Cis.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and Number. } 506 Pen. Ave.

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), Congestion of lungs

Duration of Last Sickness, 18 Months

All the above information should be furnished by the physician.

Place of Burial, Louden Park

Date of Burial, March 11

Undertaker, Walter Immel

Place of Business, 594 W. Biddle Address, 1821 Madison Ave.

W. H. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make reference of all

No. 98514

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98514

Office of Registrar of Vital Statistics

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Joyce

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 hours Years

Months

Days

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

5-34 W. Biddle St.

Duration of Residence in the City of Baltimore, 7 hours

Place of Death, { Give Street and Number. }

5-34 W. Biddle St.

Cause of Death, { First (Primary), Second (Immediate), }

Debility

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 11th 87

Undertaker,

Wm. J. Gray

F. J. Gardner

M. D.

Medical Attendant.

Place of Business,

65 Mulberry St.

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98575 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 9. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Union Grisky.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 Years, _____ Months, _____ Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seaman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, 37 yrs.

Place of Death, { Give Street and Number. } 440 Greenwell.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis.
Aspiration.

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 11th 87

Undertaker, Wm. Gray

James Brown M. D.
Medical Attendant.

Place of Business 15 Mulberry St. Address, #1216 John St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this card.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, Mar 10-1887

Full Name of Deceased, $\left\{ \begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \\ \text{of parents.} \end{array} \right\}$ Andrew Miller

Sex, ~~Male or Female~~, { Cross out the word not }
 { required in this line. }

Age, 43 Years, 1 Months, 12 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation, Labourer

Birth Place, { State or country, and how }
 { long in the United States, }
 { if of foreign birth. }

Duration of Residence in the City of Baltimore

Place of Death, { Give Street and Number. } 1807 Little Walsh St

Cause of Death, { First (Primary), *6-12 months*
Second (Immediate), *6-12 months*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral Cemetery*

Date of Burial, *Mar 11. 1887*

(Undertaker, Martin Lahey

Place of Business, 606 Townsend Address.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 98377

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Kelly

Sex, Male or Female, { Cross out the word not }
 { required in this line. }

Age, Years, 8 Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not
required in this line.

Occupation, _____

Birth Place, { State or country, and how }
 { long in the United States, }
 { if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and } 1022 Hager's Cr
Number.

Cause of Death, { First (Primary), *Syphilis*
Second (Immediate),

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 11. 1887.

(Undertaker, *W. W. Madsen*)

Place of Business, 76 East St

Edwin B. Feely, M. D.
Medical Attendant.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No.

98578

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

9th March 1887

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Roberta Evans

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

16

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Housewife

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

1525 New No. Saratoga St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Nothing
Marasmus

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

Mar 11th 87

Arch: Atkinson M.D.

Medical Attendant.

Undertaker,

H. Lewis Schaefer office,

Place of Business,

316 N. Fremont St

Address,

311 N. Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 98579 Office of Registrar of Vital Statistics.

Ward 9

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizth Ellard
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 6 Years, — Months, 15 Days
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } —
Occupation, —
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.
Duration of Residence in the City of Baltimore, 6 & 15
Place of Death, { Give Street and Number. } 402 Sharp st
Cause of Death, { First (Primary), Second (Immediate), } Chronic Croup?
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 11th 1887

Undertaker, E. F. Hanson

Place of Business, 303 Hanover

R. C. Lee M. D.
Medical Attendant.

Address, Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 98520 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Trapp

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, — Months, — Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 111 Broadway Ave.

Cause of Death, { First (Primary), Second (Immediate), } old age -
(Effusion of Brain)

Duration of Last Sickness, Brain Effusion

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12th March 1887

Undertaker, H. W. Jenkins Sons

Place of Business, Park & Saratoga Sts Address, 49 Park Ave

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98521

Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary May Cuff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, _____ Months, _____ Days.

Color, N

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } old no 38 City Block

Cause of Death, { First (Primary), Second (Immediate), } Measles- Broncho- pneumonia
asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, Mar 11th 1887

{ Undertaker, Geo P Byrne } J. L. Winston M. D.
Place of Business, 43 Front St Address, 47 E. Broadway
Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 7

Health Department, City of Baltimore.

Permit No. 98522

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 10, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Andrew J. Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

42

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Painter

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Prince George's Md

Duration of Residence in the City of Baltimore,

22 years

Place of Death,

{ Give Street and Number. }

309 S Mount St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pneumonia

Exhaustion

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery

Date of Burial,

March 13 1887

Undertaker,

Geo B. Cook

Place of Business,

1003 N Baltimore St

Address,

1701 Soling St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]